

Appointment of Special Prosecutor under Chapter 978

☐ I am the district attorney for _____ County and request the appointment of a special prosecutor under §978.045, Wisconsin Statutes.

Signature of District Attorney	Name Printed or Typed	Date
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☐ The court on its own motion is appointing a special prosecutor under §978.045, Wisconsin Statutes.

APPOINTMENT ORDER**THE COURT FINDS AND ORDERS:**

- Attorney _____ is appointed special prosecutor for:
 - ☐ The period _____ to _____, plus reasonable preparation time.
 - ☐ The matter of: State of Wisconsin ☐ Other: _____
 vs. _____, Case No. _____.
- The reason for the appointment:
 - ☐ There is no district attorney for the county.
 - ☐ The district attorney is absent from the county.
 - ☐ The district attorney is physically unable to attend to duties or has a mental incapacity that impairs ability to perform duties.
 - ☐ The district attorney has a conflict of interest under statute: _____.
 - ☐ The district attorney is serving in the U.S. armed forces.
 - ☐ The district attorney is charged with a crime and the governor has not acted under §17.11, Wisconsin Statutes.
 - ☐ Other statutory reason: _____. Cite statute: _____.
- Compensation is set at the following rate:
 - ☐ No compensation is to be paid because this person is from another prosecutorial unit or an assistant attorney general.
 - ☐ Hourly rate specified in §977.08(4m)(b), Wisconsin Statutes.
 - ☐ Other: _____.
- Disbursements shall be submitted to _____ County for payment, if incurred.
- The Department of Administration shall pay the compensation ordered by the court.

> Send a copy of this Appointment to:

- | | |
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| 1. Director
State Prosecutor's Office
Department of Administration
P.O. Box 7869
Madison, WI 53707-7869
Telephone: (608)267-2700 | 2. County Clerk of county
responsible for paying
disbursements. |
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BY THE COURT:

Signature of Circuit Judge
Name Printed or Typed
Date

OATH AND CONSENT TO SERVE

I accept this appointment and (swear) or (affirm) that I will support the constitutions of the United States and the State of Wisconsin, and will faithfully discharge the duties of this office to the best of my ability.

Subscribed and sworn to before me
on _____

Notary Public, State of Wisconsin

My commission expires: _____

Signature of Attorney	Telephone Number
Name Printed or Typed	Bar Number
Address of Principal Office	